FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Sullivan John F | | | | | | 2. Issuer Name and Ticker or Trading Symbol TransMedics Group, Inc. [TMDX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | |
|--|---|--|---|-------------------------|--------------------------------------|--|------------------|--|---|--------|----------------------|-------------------------|--|---|--|--------------------------------------|--|--|--|
| (Last) (First) (Middle) C/O TRANSMEDICS GROUP, INC. 200 MINUTEMAN ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/07/2021 | | | | | | | | X Onler (give title Orier (specify below) VP of Quality & Engineering | | | | | |
| (Street) | ER M | [A | 01810 | | 4. 1 | If Am | nendme | nt, Date o | of Original Filed (Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | | (Zip) | | | | | | | | | | | | | | | | |
| | | | ole I - No | | | _ | | | 1 | , Di | . | - | | lly Owned | | | | | |
| Date | | | Date | nsaction h/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr) 8) | | | | d (A) or r. 3, 4 and | Benefic Owned | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | , , | | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| Common Stock | | | 04/07/2021 | | L | - | | M ⁽¹⁾ | | 3,000 | A | \$16.1 | 14 13 | ,828 | | D | | | |
| Common Stock | | | 04/07/2021 | | | | | M ⁽¹⁾ | | 12,000 | A | \$2.2 | 1 25 | 25,828 | | D | | | |
| Common Stock | | | 04/07 | 4/07/2021 | | | | S ⁽¹⁾ | | 2,067 | D | \$35.8 | 6 ⁽²⁾ 23 | 23,761 | | D | | | |
| Common Stock 04 | | | | 04/07 | 7/2021 | | | | S ⁽¹⁾ | | 8,984 | D | \$36.7 | ⁷⁽³⁾ 14 | 14,777 | | D | | |
| Common Stock 04/0 | | | 04/07 | //2021 | 2021 | | S ⁽¹⁾ | | 3,949 | D | \$37.4 | 5(4) 10 | ,828 | | D | | | | |
| | | • | Table II | | | | | | | | oosed of converti | | | y Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | 4. Transactic Code (Inst 8) | | | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | ite | of Securi | ng e Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Option (Right to Buy) | \$16.14 | 04/07/2021 | | | M ⁽¹⁾ | | | 3,000 | (5) | | 02/27/2030 | Common Stock | 3,000 | \$0.00 | 12,000 | 0 | D | | |
| Stock Option (Right to Buy) | \$2.21 | 04/07/2021 | | | M ⁽¹⁾ | | | 12,000 | (6) | | 06/22/2027 | Common Stock | 12,000 | \$0.00 | 12,437 | 7 | D | | |

Explanation of Responses:

- 1. The reported transactions were effected pursuant to a Rule 10b5-1 trading plan.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions ranging from \$35.20 to \$35.16 inclusive. The Reporting Person undertakes to provide to the Company, any security holder of the Company or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range
- 3. The price reported is a weighted average price. These shares were sold in multiple transactions ranging from \$36.20 to \$37.18 inclusive. The Reporting Person undertakes to provide to the Company, any security holder of the Company or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range
- 4. The price reported is a weighted average price. These shares were sold in multiple transactions ranging from \$37.20 to \$37.75 inclusive. The Reporting Person undertakes to provide to the Company, any security holder of the Company or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range
- 5. The option vests at a rate of 2.0833% of the total number of shares each month until the option is fully vested on the fourth anniversary of the vesting commencement date, February 27, 2020.
- 6. The option vests at a rate of 2.0833% of the total number of shares each month until the option is fully vested on the fourth anniversary of the vesting commencement date, June 22, 2017.

Remarks:

By: /s/ Stephen Gordon, Attorney-in-Fact

04/09/2021

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.